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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/678,413	
		Filing Date	October 2, 2000	
		First Named Inventor	Eduardo J. Baralt	
		Group Art Unit	1764	
		Examiner Name	T. Nguyen	
Total Number of Pages in This Submission		18	Attorney Docket Number	09/678,413US (4081-00300)

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<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  PTO/SB/08A (PTO 1449) and One (1) citation
		Remarks

#### **SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Or Individual Name	Rodney B. Carroll Conley Rose, P.C.
Signature	
Date	May 29 2003

#### **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or Printed Name	Clare Jackson
Signature	
Date	May 29, 2003

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**FEES TRANSMITTAL  
For FY 2003**

*Patent fees are subject to annual revision.*

JUN 02 2003

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **\$ 110.00**

**Complete if Known**

Application Number **09/678,413**

Filing Date **October 2, 2000**

First Named Inventor **Eduardo J. Baralt**

Examiner Name **Tam M. Nguyen**

Group Art Unit **1764**

Attorney Docket No. **09/678,413US (4081-00300)**

**METHOD OF PAYMENT (Check all that apply)**

Check  Credit Card  Money  Other  None Order

Deposit Account:

Deposit Account Number: **50-1515**  
Deposit Account Name: **Conley Rose, P.C.**

**The Commissioner is hereby authorized to:** (check all that apply)

Charge fee(s) indicated below  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEES CALCULATION**

**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	\$			
1002 330	2002 165	Design filing fee	\$			
1003 520	2003 260	Plant filing fee	\$			
1004 750	2004 375	Reissue filing fee	\$			
1005 160	2005 80	Provisional filing fee	\$			

**SUBTOTAL (1) \$**

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Fee from Extra Claims below	Fee Paid
Total Claims	- 20 =	x 18.00 = \$
Independent Claims	- 3 =	x 84.00 = \$
Multiple Dependent		280.00 = \$ 00.00

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Fee	Fee	Fee	Fee Description
1202 18	2202 9	Claims in excess of 20			
1201 84	2201 42	Independent Claims in excess of 3			
1203 280	2203 140	Multiple dependent claim, if not paid ** Reissue independent claims over original patent			
1204 84	2204 42	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			

**SUBTOTAL (2) \$**

*\*\* or number previously paid, if greater; For Reissues, see above*

**SUBMITTED BY**

**Complete (if applicable)**

Name (Print/Type)	<b>Rodney B. Carroll</b>	Registration No. (Attorney/Agent)	<b>39,624</b>	Telephone	<b>(972) 731-2288</b>
Signature				Date	<b>May 29, 2003</b>

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